

200
REC'D A-1
OFF

Artist ALBERT STROM (Please print plainly)

Telephone No. LO. 1-1117 Address 3643 AVALON, SHAKER
HEIGHTS, OH. Zone No. _____
Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

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at

Permission to print prices on labels granted unless declined here

Entry blanks must be filled out and returned to the Museum on or before April 6, those postmarked later than April 6 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 10 to April 17 (except Sunday).

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